

**NEVADA FFA CAREER DEVELOPMENT EVENTS  
TEAM DECLARATION FORM**

\_\_\_\_\_  
**CDE**

\_\_\_\_\_  
**CHAPTER**

**Please legibly write student's first and last names. Complete one form per event.**

**TEAM A**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TEAM B/ALTERNATES (If Applicable)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TEAM C/ALTERNATES (If Applicable)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*As the agricultural instructor and FFA Advisor, I acknowledge that the students listed have been properly trained on safety procedures related to the Career Development Event noted above.*

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Advisor Printed Name

\_\_\_\_\_  
Date